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Original communication

Men victim of sexual assault of concern into the first Emergency Medical Unit for Victims of Assaults in France

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ABSTRACT

Although it accounts for only a small part of activity in the field of victimology, the provision of support for male victims of sexual assault is regularly discussed in the literature. Authors, English-speaking for the most part, all agree that this phenomenon has been largely underestimated, owing to the stigmatization victims suffer after the facts have been disclosed. The same authors agree that this type of assault is far from being inconsequential, from both a physical and a psychological perspective. The following retrospective and descriptive study, conducted at the Bordeaux CHU (Bordeaux University Hospital), aims to draw a comparison between the distinctive characteristics of male sexual assault victims treated at the CAUVA (*Centre d'Accueil en Urgence des Victimes d'Agression* – Emergency Medical Unit for Victims of Assaults) on the one hand, and, on the other hand, those identified in the existing scientific literature. The victims are predominantly young men, unconnected with their attackers, and more often than not the attacks take place on the public highway. Forensic treatment is provided within the seven days following the assault, which raises the question of the assessment of infection risks, including HIV transmission. Most of the time, the victims will not undergo a full psychological appraisal, though authors are unanimous that such assaults do indeed have heavy repercussions. Improving our services for such victims will require suitable training for staff, covering initial reception, general assessment and the drafting of the forensic medical report, as well as encouragement to lodge a complaint. This process should give priority to multidisciplinary centers, especially dedicated to shelter-providing, information, counseling and victim support. This will also entail information and awareness campaigns for the general population, and the homosexual community in particular. Finally, we should not be afraid to envisage an investigation into this subject at an international level.

1. Introduction

A sexual assault, in the broadest sense of the term, may be defined as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".[1] Terms frequently used today to describe sexual assaults include: sex-specific violence, gender-based violence, or sexist violence. These terms mainly refer to assaults on women committed by men. This somewhat restrictive language obscures the fact that these roles can be easily inverted, men being potential victims as well. Only in the 1980s was it recognized that men too could become victims in their turn. In France, it was not until 2006 that the results of the so-called CSF (*Comportements Sexuels des Francais*)[2] investigation into the sexual behavior of French people shed some light on the subject. 1.5% of male respondents declared that they had had forced sexual intercourse, while 3% of them admitted to having had to struggle with attempts at sexual intercourse under compulsion. For 67% of these men, those sexual assaults took place before they were 18 years old. If we compare these results with those of the Enveff study (*Enquete nationale sur les violences envers les femmes en France* – A National Investigation into Assaults against Women), carried out in 2000,[3] the figures we obtain seem to show that the number of men declaring themselves victims is on the increase. Thus, we are entitled to ponder over the reasons for such an increase: can it be that the number of assaults really increased, or could these data be explained by the changes in our society which may have boosted male victims' capacity to speak up?

In 2013, although some authors, mostly via investigations into the notion of victimization, have addressed the consequences of such assaults on male victims, work on the subject is still much too

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rare.[4] Mitchell et al. (1999)[5] suggest that this might be due to the existence of a persistent myth whereby men cannot possibly be the victims of this type of violence, and that if even if they were the experience would still be inconsequential, or even a source of pleasure. Thus men who have been assaulted would most likely have great difficulty going through the process to obtain medical assistance.[6] As Delly & Kenyon (1996) make clear, it is essential that we examine the dependability of this theory, which overlooks the physical and psychological repercussions of sexual violence and, consequently, hampers the development of research work on the subject. The prevalence of this phenomenon varies considerably, in so far as not all authors select the same criteria when defining sexual assaults.[4] The prevalence ranges from 0.2% when an assault is defined as an act of anal penetration under compulsion by a female attacker,[7] to 30% when it consists of a mere physical contact imposed upon the victim under verbal constraint and/or physical coercion, again on the part of a female attacker.[8] The studies that have been conducted make it possible to identify four groups of populations at higher risk: homosexual and bisexual[9] men involved in armed conflicts,[10] men in jail,[11] and finally patients with mental illnesses treated in psychiatric hospitals.[12] These are four contexts in which sexual violence might not be justified only by the attacker's physiological sexual needs, but could also be explained by the fact violence may work as a way to control and humiliate the victim, or even to seize power by exerting some kind of authority.

Kennedy (2013) bemoans the dearth of information relating to male victims in the literature, with a clear imbalance in the proportion of existing research that is dedicated to female victims of sexual crimes. This finding should be highlighted to academics working in the field of victimology.[13] Drawing on our own experience at the CAUVA, the forensic unit for sexual assault victims at Bordeaux University Hospital, we shall try and draw a comparison between results obtained at the CAUVA, and those available in the literature.

1.1. The C.A.U.V.A: Emergency Medical Unit for Victims of Assaults

Bordeaux University Hospital is home to a forensic medical unit created in 1999 following an agreement signed by the Ministry of Health, Ministry of Justice, Ministry of Interior and Ministry of Defence, specifically intended to facilitate medico-legal assistance for victims of harassment. This structure is named CAUVA, and focuses first and foremost on social, psychological, and medical support, ensuring that victims have access to the best care as rapidly as possible. The unit is composed of forensic pathologists, nurses, social workers, psychologists and layers from victim support associations. Victims can be admitted to the CAUVA unit 24 h a day, 7 days a week, with a night telephone care service. Victims are examined with a colposcope by a forensic physician, accompanied by nurses, and medico-legal evidences are collected and preserved for potential future analysis. After the medical examination, victims are offered interviews with a psychologist and/or a social worker and/or a representative from the victim support associations.

2. Aims

The purpose of this study is to try and establish a comparative summary of the main characteristics of the sexual assaults to which men may be subjected, by comparing the results obtained during victimology consultations at the CAUVA and the current data found in the literature.

3. Methods

The retrospective and descriptive study we conducted was based on the medical records of men over 18 that were treated at the CAUVA during the period from November 1, 1999 to December 31, 2010, following allegations by the victims that they had been subjected to forced anal and/or oral penetration or to sexual touching (ST), the alleged attacker being a man and/or a woman. For each of the records, the following variables were collected:

- The age of the victim, using as a key criterion the exclusion of people under 18
- The attacker's sex
- The relationship between the attacker and the victim (attacker unknown or known only by sight, acquaintance or friend, relative, unmarried partner, work connection)
- The first point of contact before the victim was directed to the CAUVA
- The geographical area where the acts took place (urban or rural environment)
- The place where the assault took place (attacker's home, victim's home, public highway, shared home, work-place, prison environment)
- The lodging or non-lodging of an official complaint
- The length of time between the assault and the appeal for medical forensic assistance at the CAUVA
- The psychological symptoms diagnosed during the interview with the CAUVA psychologist
- The duration of Total Incapacity for Work (TIW – medically prescribed time off work) prescribed by the forensic surgeon
- Also, handling of infection risks linked to HIV (Human Immunodeficiency Virus) and other STDs (Sexually Transmitted Diseases) such as hepatitis, syphilis and Chlamydia infections.

The collected data were processed using the *Epi Info* software. No statistics were produced, due to the small number of subjects involved, and the amount of variables under study. For the same reason no attempt was made to draw a comparison between victims of anal and/or oral penetration and victims of ST.

4. Results

Our study was based on a total of 161 records, among which 49 deal with ST and another 112 with anal and/or oral penetration. Victims were all over 18. These records account for a minuscule part of our activity, only 0.3% of the actual number of victims who have sought refuge and advice at the CAUVA since it opened 14 years ago.

4.1. Age of the victims

In both cases, the age of the victims is very nearly the same, i.e. 29.5 on average, with opposite extremes of 18 and 55 for victims of ST, and 29.7 for victims of acts of penetration, with extremes of 18 and 55. More than half of the victims, in both cases, were men aged 18 to 30. It should be noted that, in this age class, 20.5% of ST victims and 19.51% of penetration victims are between 19 and 20. Nine victims were over 50.

4.2. The attackers

Regarding attackers in acts of penetration, for a total of 112 records, this information is documented 106 times. The attacker is a man in 103 records, that is, 97% of the available data and 92% of the overall observations. Only one record concerns an act of finger penetration committed by a woman. In two cases, the assault was perpetrated by a man coupled with a woman. The same apportionment is to be found in cases of ST, the attacker being a man in 95% of the available data.

4.3. The relationship between the attacker and the victim

Concerning the relationship between the perpetrator of the act of penetration and the victim, this information is documented 106 times in 112 records. The victim did not know his attacker in 43 cases, i.e. 38.4% of the documented cases. In 34 cases (30.4% of the documented cases) the victim knew his attacker by sight. In 16 cases (14.3% of the documented cases) the victim had a friendly relationship with his attacker, with whom he was in regular contact. In 8 cases (7.1% of the documented cases) the attacker was a relative. Finally, in 1.8% of the documented cases, the attacker was a person belonging to the victim's professional sphere.

As far as ST is concerned, this information was documented in 44 of 49 reported cases. The perpetrator was a family member in 28 cases, i.e. 63.6% of the documented cases, and a friendly acquaintance in 15.9% of the documented cases, i.e. 7 cases. In the nine remaining cases, the attacker was a person known by sight.

4.4. The first point of contact having referred the victim to the CAUVA

This information was consistently documented. Whether it concerns acts of penetration (75%) or cases of ST (53%), the CAUVA is most often contacted because the victim needs to receive forensic examination, with patients generally referred to the service by an officer of the law. The victim directly contacted the CAUVA without having prior resort to law enforcement authorities in 20.49% of ST cases and 10.6% of acts of penetration. In 8.2% of the cases, ST was reported by somebody closely connected with the victim (0.9% in cases of penetration), and, in 4.1% of our cases, the report was made by a doctor from within the University Hospital (CHU), compared with 5.4% in cases of penetration. In 6.1% of the cases, however, ST was reported by a doctor not working at the CHU, compared with 3.6% of penetration acts.

4.5. Geographical areas where assaults took place

As regards acts of penetration, this information is documented in 75 of the cases. The assaults took place in the city of Bordeaux in 32 cases (42.6% of documented cases and 28.6% of all cases), in suburban areas that are part of the CUB (Bordeaux Urban Community) in 19 cases (25.3% of documented cases and 17% of all cases), and finally, in 24 cases, the events took place in rural areas outside the CUB (32% of documented cases and 21.4 of all cases.)

Regarding ST, this information is available for 30 of the recorded cases. The assaults took place in rural areas in 14 cases (46% of documented cases and 28% of the overall observations), with 8 cases occurring within the center of Bordeaux and its periphery (26.6% of documented cases and 16.5% of the overall observations).

4.6. Places where the assaults took place

As far as penetration is concerned, the relevant information appears in 83 of our records. The events took place on the public highway in 27 cases (32.5% of documented cases and 23.2% of all cases), at the victim's home in 25 cases (30.1% of the documented cases and 21.4% of all cases), at the attacker's home in 17 cases (20.4% of documented cases and 14.3% of all cases), in a shared residence or prison environment in 6 cases (7.3 of the documented cases and 5.4% of all cases), and, finally, in the workplace in 2 cases (2.4% of documented cases and 4.5% of all cases.)

As for ST, this information is available for 42 of the recorded cases. Events are reported to have taken place at the victim's residence in 15 cases (35.7% of the documented cases and 28.6% of all cases), and at the attacker's home in 10 cases (23.8% of the documented cases and 21.4% of all cases). The public highway is mentioned 9 times (21.4% of the documented cases and 19% of all cases), while the prison environment is mentioned in 3 cases, i.e. 7.2% of the documented cases and 7.1% of all cases.

4.7. Length of time between the assault and forensic assistance at the CAUVA

This column records the number of days between the acts of violence alleged by the victim and the forensic medical consultation at the CAUVA. Regarding ST, the delay is specified in 30 records and ranges from 1 to 7 days in 21 cases (70% of the documented cases and 43% of total cases); 4 patients received forensic assistance on the same day the assault took place, i.e. 13.3% of the documented cases and 8% of all cases. The delay exceeded 1 month in one case, i.e. 3.3% of the documented cases and 2% of all cases. As regards penetration, we get very much the same figures, with 41 patients within 1–7 days after the facts (65% of the documented cases and 36.5% of all cases). 10 victims were admitted to hospital on the day the events occurred, i.e. 15.8% of the documented cases and 9% of all cases. In both situations, less than 10% of the documented cases were dealt with between 8 and 30 days after the event.

4.8. Lodging a complaint

All of the victims having been subjected to ST (53%) and anal and/or oral penetration (75%) and referred by law enforcement officers received forensic assistance at the CAUVA within the context of a legal procedure following the lodging of a complaint. The victims who did not lodge a complaint before admission at the CAUVA benefited from a so-called "protective record", with victims being offered the chance to extend the complaint deadline, and subsequently update their initial record by lodging a complaint. After further information was obtained from the judicial services, 26 victims of ST and 93 victims of penetration decided to lodge a complaint; that is, respectively, 53.1% and 83% of total cases.

4.9. Psychological assessment of the victims

Victims are offered the option of an interview with a psychologist after the forensic medical examination. This point was systematically clarified. The consultation was accepted by 34 victims of ST and 58 victims subjected to penetration, that is, 69.4% and 51% of overall observations respectively. Symptoms suggesting psychological destabilization (tears during the narration of the events, nightmares, anxiety…) were witnessed in 2 cases of ST as well as in 8 cases of forced penetration, that is, 4% and 7.2% respectively of all cases.

4.10. Number of days of Total Incapacity for Work (TIW) prescribed

All victims treated at the CAUVA, whether or not they lodged a complaint, were medically assessed to determine their Total Incapacity for Work (TIW). As regards victims of ST, the results were documented in 39 cases, out of a total of 49. The number of days of TIW ranges from 1 to 4 days in 27 cases (69% of the documented cases and thus 55% of all cases). No TIW was diagnosed in 9 cases (24% of the documented cases and 18.5% of all cases). In 2 cases the period of TIW exceeded 8 days, mainly because of important psychological repercussions including post-traumatic stress disorder (5% of the documented cases and thus 4% of all cases).

In the 112 records dealing with acts of penetration, this information was recorded for 88 cases. The duration of TIW prescribed varied from 1 to 4 days in 45 cases, i.e. 51% of the documented cases and 40% of total cases. The duration of TIW was not specified in 29

records (33% of the documented cases and 26% of all cases). Lastly, in 10 cases, the TIW lasted more than 8 days, i.e. 11.5% of the documented cases and 9% of all cases.

4.11. Dealing with infection risks linked to Sexually Transmitted Diseases (STDs)

For the 112 cases dealing with acts of penetration, this information was systematically documented. Prophylactic antiretroviral treatment was started in 14 cases (12% of all cases). In 87.5% ($n = 98$) of the cases no treatment was required. All victims, however, benefited from screening tests for hepatitis, syphilis, Chlamydia and Gonococcus infections, with their consent.

5. Discussion

Men, in theory, would appear to be less often subjected to sexual assaults than women, statistically speaking, if one considers their proportion not only in the active file at the CAUVA (barely 0.3% of the patients treated since its opening in 1999) but also in the scientific literature. Sorenson et al. (1987)[14] highlight the fact that only 7.2% of the 1480 men they surveyed reported sexual assaults perpetrated by men or women. Struckman-Johnson (1988)[15] gives an estimate of 16% of men among a group of students who admitted to having been put under pressure or having been forced into sexual intercourse against their will. More recently, the Anglo-Saxon results provided by Davies et al. (2000)[16] assessed this phenomenon at 14%. The investigation conducted in 2006 and known as "*Contexte de la Sexualite des Francais*" (The Context of French People's Sexuality)[2] concluded that 5% of the men interviewed admitted to having been forced to have sexual intercourse or having been subjected to attempts at forced intercourse during their lives. We were able to show that most of the male victims admitted at the CAUVA were aged 18 to 30 (cases involving men under 18 were not taken into account). In France, the CSF investigation concluded that 16% of men in the panel mentioned sexual assaults perpetrated before they were 18, but again, as we did not choose to devote our study to the previous history of sexual violence in childhood, we can draw no parallel between these 2 results.

In the 112 cases of penetration we recorded, the attacker was a man in 97% of cases for which this information was provided. This observation seems to confirm the findings ofKing and Woolett (1997),[17] who found that most acts of penetration, anal and/or oral, to which men and women were subjected were perpetrated by men the victims did not know. This is what we also find in our work, in which 40.5% of the victims stated that they did not know their attacker. Conversely, according to Island and Letellier,[18] in quite a number of cases the attacker was the victim's partner or ex-partner, or even a friend of the victim. In that study, the attacker was known by sight in 30.4% of the cases involving penetration and was even a friend of the victim in 14.3% of recorded cases. We may surmise that it may be easier for a victim to speak out against an unknown attacker rather than of one belonging to the family environment. Another hypothesis concerns the nature of the assault, as we may assume that it is more difficult for victims to blame an unknown person for penetration under compulsion, which is socially more stigmatized than ST, rather than blame a close relative or friend for fear of harmful consequences on one's existing social and/or family balance.

As regards the person having first reported the assault, most of the time they did so to a police officer with whom the victim lodged a complaint (53.1% in cases of ST and 75% in cases of penetrative acts). Less frequently, victims may contact the CAUVA directly, without first seeking legal intervention. In 1990, McMullen[19] observed that it was "almost impossible" for male victims, whatever their sexual orientation, to reveal the facts to judicial or medical services. An observation not backed by our own results, which show that the number of complaints lodged is higher than the figures of "direct" appeal to the CAUVA. We cannot account for this discrepancy, as it is not possible to directly compare data obtained through different methodologies based on different surveyed populations. For King and Woolett (1997),[17] only 17 men out of the 115 victims having received support from the Anglo-Saxon association "Survivors" declared they had reported the events to the police. According to Hodge and Canter (1998),[20] victims inform the police that they have been assaulted only when they are most likely to be trusted, that is, when they present severe physical injuries or are able to prove that they are heterosexual. A hypothesis based on sexuality cannot be explored via our results since victims are never asked to reveal their sexual orientation at the CAUVA. The results we obtained (even though the two populations we focused on - those subjected to ST and those subjected to penetration - cannot be directly compared on statistical grounds) would tend to suggest that victims of sexual penetration lodge complaints more frequently (83%) than those alleging ST (53.1%). The sort of physical injury which is diagnosed does not seem to have any influence on the decision to lodge a complaint, since TIW, when prescribed, usually does not appear to testify to more severe injury in cases of penetration compared with cases of ST.

It would seem that acts of penetration tend to be more frequently perpetrated in urban areas, since 42.6% of the victims treated at the CAUVA evoke events that took place in Bordeaux, whereas ST cases would appear to be more frequent outside urbanized areas. However, there is not a shred of evidence in the scientific literature to corroborate these results. In many cases (23.2%), acts of penetration took place on the public highway, as is also noted in the work of Comstock (1989)[21] and The Stonewall Report[22] (1996), which both emphasize the fact that a large proportion of homosexual and bisexual men are subjected to sexual assaults in places such as parks or public toilets, where illicit encounters may be sought. But then again, considering we have no information on the sexual orientation of the victims under study, no parallel can be drawn between these results. Still, our own results hint at the impact of the victims' homosexual orientation, if the nature of the relationship between the attacker, the victim and the place where the assault took place (the public highway, for instance) is taken into account.

As regards the delay before the victim is treated, in cases of both ST (70%) and penetration (65%), this delay varies from 1 to 7 days after the events occurred. Only 10% of the patients are examined on the very day of the assault. Can this delay be explained by the fear to state one's sexual orientation and/or by the relationship existing between the victim and the attacker? Once again, this seems to raise the question of the potentially major role of sexual orientation in disclosing what happened to the authorities. This delay in treating victims can be explained, according to Mezey and King (1989),[23] by the victim's fear of being stigmatized, judged, or meeting with homophobic prejudice on the part of medical or judicial staff. This result raises the issue of delay in the provision of medical treatment, which increases victims' exposure to the risk of HIV transmission. One of the forensic surgeon's key tasks, in close collaboration with infectious diseases specialists, consists in assessing the risk of sexually transmitted infection. Only 12% of the victims of penetration benefited from a prophylactic triple drug therapy at the CAUVA, and none of them benefited from preventive actions against other STIs (hepatitis, syphilis, Chlamydia and Gonococcal infections) even though screening procedures were conducted, with targeted sampling and blood tests. The results of tests conducted at the CAUVA are sent to the victim's designated

doctor and to the victim personally if requested, so that the doctor may organize follow-up care. We deem it essential to do our utmost to assess the infectious risk the victim incurs as precisely as possible, so that transmission risks for the victim and their partners can be reduced as far as possible. This is truly a public health issue, but this task can be efficient only if the victim is provided with HIV screening within 48 h following the assault. The fact that a large proportion of men choose to lodge a complaint can be understood to reflect a strong will to be recognized as victims, and make sure that their attackers are punished.

After the forensic medical examination, an interview with a psychologist is systematically offered to the victims; 69.4% of victims of molestation and 51.8% of victims of penetration acts take this opportunity. Symptoms of psychological disturbance were identified in less than 10% of the cases. This can accounted for by the fact it is sometimes extremely difficult to make a diagnosis in acute phases; however, it is necessary that we remain vigilant in our detection of such symptoms. Indeed, Garnets and al. (1990)[24] demonstrated that male homosexuals and bisexuals subjected to sexual assaults often had the feeling of being punished for their sexual orientation. Anderson (1982)[25] goes even further. For him, some victims can develop "paranoid configurations", and dread they may be attacked again, even going so far as exhibiting "panic disorders of an agoraphobic nature". In the long run, repercussions might be equally harmful since, according to the same author, "sexual dysfunctions" (such as a decrease in libido or erectile disorders) may develop after some time, as well as "relational problems in the couple." This also occurs among heterosexual subjects in the form of "questions, or even confusions concerning sexuality." Along with the forensic medical examination and the drafting of a report by the forensic surgeon, the evaluation of the number days of TIW must be taken into account. The duration of TIW allows magistrates to assess the violence of an assault. TIW is actually the period of time during which the victim is unable to perform basic professional activities (at least one but not all of them). Longer periods of TIW will have an influence on the court of jurisdiction. Concerning willful violence, if violence results in a TIW period of less than 8 days the attacker will be judged by a magistrates' court; if the TIW is longer than 8 days, the attacker will be judged by a different criminal court – the "tribunal correctionnel". The major difference between the two courts concerns the magnitude of sentences they can hand down.

In practically half of the cases of violence for which information was available, the TIW ranged from 1 to 4 days, most often because of the psychological repercussions of the assault rather than because of the actual physical consequences. In 10 cases of penetration, the TIW diagnosed was longer than 8 days because of a combination of multiple skin lesions and painful anal injuries. It is to be noted, in this context, that a delay of 8 days has no influence whatsoever on the competent court of jurisdiction, since rape as defined in the French Penal Code is a crime that falls under the jursidiction of the Assizes Court.

6. Conclusion

Sexual assaults in which the victims are men account only for a minuscule percentage of the total cases dealt with at the CAUVA. Scientific literature on the subject is unanimous that these figures are underestimated, mostly because of the victims' fear of moral judgment and stigmatization. Men are still considered by received wisdom to be the embodiment of dominant sexuality, strength, virility and heterosexuality as defined by societal norms, and society thus has trouble conceiving of men as potential victims of sexual violence in the same way as women.

The results of our work suggest that the victims of acts of penetration under compulsion are mostly young men assaulted on the public highway by unknown male attackers. This type of assault mainly takes place at night in urban areas. As for victims of ST they also are young men subjected, within their own home, to assaults perpetrated by men. This kind of attack occurs more frequently in rural or semi-rural areas, spread evenly throughout the year. We were unable to shed further light on these results using data provided by the existing scientific literature on the subject.

Yet the stakes surrounding these assaults are high. On the one hand, they pose a public health problem in so far as the risk of HIV transmission is concerned. Victims who receive forensic assistance within the 48 h that follow the assault can benefit from a prophylactic antiretroviral treatment, whose effectiveness has been proved. On the other hand, we must do our very best to appraise the psychological repercussions of the assaults, during the acute phase but also in the long run, in order to reduce the after-effects which all authors agree can be highly traumatic.

Following the existing scientific literature on the subject, it would seem that this phenomenon is encountered mainly within the homosexual community, but our results do not enable us to shed much light on this point, since it raises the ethical issue of asking the victims about their sexual orientation.

Improving the support provided for male sexual assault victims necessarily implies a suitable training of the staff at the reception desk, and later when it comes to the general assessment of patients and the drafting of the forensic medical report, as well as when encouragement to lodge a complaint is needed, if victims have not already done so before coming to the CAUVA. We must also support the development of refuges, information, orientation and other specialist centers designed for victims and their families, on a multidisciplinary basis, as is the case at the CAUVA.

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Conflict of interest

None.

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